

South Coast Air Quality Management District

## Form 500-MACT

MACT Part 1 Application

Mail To: SCAQMD P.O. Box 4944 Diamond Bar, CA 91765-0944

Sources Subject to Section 112(j) Provisions 40 CFR 63.50 through 63.56

Tel: (909) 396-3385 www.aqmd.gov

Section I - Source Identification		
1. Source Name:	2. Source ID No.:	
Section II - Equipment Location	Section III - Permit Mailing Address	
3. Equipment Location Address (For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site):	4. Permit and Correspondence Information: Check here if same as equipment location addre	SS
Street Address	Street Address	
CA,		,
City State Zip	City Stat	e Zip
Comback Name	Contact Name	
Contact Name	Contact Name	
Contact Title	Contact Title	
Phone # Ext. Fax #	Phone # Ext. Fax #	
E-Mail	E-Mail	
Section IV - Applicability Determination		
5. Is your facility a major source of hazardous air pollutants (HAP)? If not, you nee A major source is any contiguous area under common control that emits or has the p 10 tons per year of any single HAP or 25 tons per year total HAP.	potential to emit considering controls, in the aggregate, at least	Yes No
6. Do you own or operate an affected source in a source category for which EPA has not promulgated standards under 40 CFR 63? If so, which one(s)? If not, you need not complete the rest of this form.		Yes
		No
(See Table of Promulgated Regulations, Table of Proposed Regulations, and Table of U determine if your standard has not been promulgated.)		
7. Provide a brief description of the major source and its activities:		

Section IV - Applicability Determination (cont.)

8. Provide a brief description of the affected source(s) in the relevant source category(ies):

9. Identify any sources that have MACT determinations under section 112(g):

Section V - Certification and Signature of Responsible Official		
I hereby certify that all information contained herein and information submitted with this application is true and correct.		
10. Signature of Responsible Official:	11. Title of Responsible Official:	
12. Print Name:	13. Date:	
14. Phone #:	15. Fax #:	
16. Address of Responsible Official:		
Street # City	y State Zip	

A responsible official can be:

• The president, vice president, secretary, or treasurer of a corporation that owns the facility or a duly authorized representative that is responsible for the overall operation of the facility.

An owner of the facility.
A principal executive officer if the facility is owned by the federal, state, city, or county government.
A ranking military officer if the facility is located at a military base.

Mail 1st Copy to: South Coast AQMD Title V Administration 21865 E. Copley Drive Diamond Bar, CA 91765 Mail 2nd Copy to: Mr. Wayne Nastri, Administrator USEPA, Region IX 75 Hawthorne Street San Francisco, CA 94105 Attn: Ms. Nahid Zoueshtiagh, Permits Office